

WESTON RANCH SPORT CAMPS 2017

COMMUNITY CENTERS CAMPS	ADDRESS AND PHONE NUMBER	Age	Days	Hours	FREE Lunch Provided	Weekly Tuition for Camp	Additional Sibling(s) Rate	Day Rate (Based on Availability)
Weston Ranch August Knodt SPORT CAMPS—See separate flyer	3939 EWS Woods Boulevard 95206 In The School Gym — (209) 937-7358	Varies By Camp	M-Th	10:00a - 3:00p	YES	\$50.00	\$40.00	N/A

CAMP WEEKS	SPORT THEMES	AGES	
June 12—June 15, 2017	Basketball Camp	Ages 8-14	Mon—Thurs 10am—3pm *No Camp on Friday
June 19—June 22, 2017	Introduction to Sports	Ages 4-7	Mon—Thurs 10am—3pm *No Camp on Friday
June 26—June 29, 2017	Soccer Camp	Ages 8-14	Mon—Thurs 10am—3pm *No Camp on Friday
July 10—13, 2017	Volleyball Camp	Ages 10-17	Mon—Thurs 10am—3pm *No Camp on Friday

Camps will be held
in the Gym at
AUGUST KNOTT
ELEMENTARY
In Weston Ranch



REGISTER TODAY!

Community Services Department offers children a place to learn, play, have fun, and stay safe during school break. Please note that payment for each week requested is due 2-weeks prior to first day of camp. Camp is based on the number of participants registered and is subject to cancellation. Payment and registration form(s) are required, one for every child in attendance. Registration is a first come-first serve basis. **Registrations will not be refunded or pro-rated. Day Rates are available only if space allows.**

MEALS: Lunch is provided through the Seamless Summer Feeding Program. Please keep in mind that snacks brought from home will not be heated or warmed. Participants will be allowed to eat only at designated meal times (Breakfast/Lunch/Snack). Participants are encouraged to bring afternoon snacks.

Please note to label ALL belongings clearly with the child's name or identifying mark. The City of Stockton will not be responsible for lost or stolen items.

LATE FEE: \$15 fee per 15 minutes late, per child, will be charged for late pick-ups. No Exceptions.

To Register: Complete the Camp Permission Slip/Medical Release and turn in to any City of Stockton Community Center.

LEARN ABOUT OTHER PROGRAMS AT WWW.STOCKTONGOV.COM

COMMUNITY SERVICES
RECREATION
(209) 937-8206
www.stocktongov.org



Recreation
Makes
Life
Better!



HEALTHY BODY | OPEN MIND | BALANCED LIFE

City of Stockton | Community Services | Recreation & Library

CAMP PERMISSION SLIP/MEDICAL RELEASE

What Camp Location Are You Registering For: _____

Participant's Full Name: _____ DOB: _____ Age: _____ Sex: ☐ M ☐ F

Street Address: _____ City: _____ Zip: _____

Father/Guardian	_____
Father Home #	_____
Father Cell #	_____
Father Work #	_____
Father Email	_____

Mother/Guardian	_____
Mother Home #	_____
Mother Cell #	_____
Mother Work #	_____
Mother Email	_____

EMERGENCY CONTACT: Name: _____

Relationship to Child: _____ Cell #: _____ Work#: _____ Home #: _____

INSURANCE CARRIER: _____ I.D.#: _____

ASSIGNED DROP-OFF/PICK-UP INDIVIDUALS:

Children must be signed in/out daily by the parents/guardians listed above or assigned individuals below. Individuals listed below must be 18 years of age and possess a valid drivers license and will be required to show their drivers license. LATE FEE: \$15 fee per 15 minutes late, per child, will be charged for late pick-ups. No Exceptions.

Name	Relationship	Home/Cell Phone	Work Phone

Special Conditions (Disabilities, allergies, medical emergency information): _____

Campers must be able to monitor and administer their own medication at camp. Is your child taking any medication? ☐ Yes ☐ No

List Medication/Reason/Dosage/Interval: _____

PARENT/GUARDIAN CONSENT OF WAIVER FOR PARTICIPATION: I fully understand that my participation in this event/program exposes me to the risk of personal injury or property damage. I hereby acknowledge that I am voluntarily participating in this event/program and agree to assume and such risk. I hereby release, discharge and agree not to sue the City of Stockton, its officers, employees, agents, and contractors for any injury or damage to or loss of personal property arising out of, or in connection with, my participation in the event/program from whatever cause, including the active or passive negligence of the promoter/organizer or City of any other participant in the event/program. In consideration for being permitted to participate in the event/program, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City from any and all claims, demands, actions, or suits arising out of or in connection with my participation. This form will act as a medical release in the case of an emergency. I also understand that by participating in this event/program that I am giving consent for images of myself and/or my child to be used for promotional purposes or instruction by the City of Stockton.